

TAMALA HOLLAND  
PARALEGAL SPECIALIST  
DESIGNATED OFFICER  
(703) 205-5433

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	CLAIMS				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2	/						52			
3	/						53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17	/						67			
18	/						68			
19	/						69			
20	/						70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28	/						78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	5						TOTAL IND.			
TOTAL FEP.	28						TOTAL DEP.			
TOTAL CLAIMS	33						TOTAL CLAIMS			